

Base Station Physicians' Committee (BSPC) – 2012 Meeting Minutes

BSPC Minutes Tuesday, January 17, 2012

BSPC Minutes Tuesday, February 21, 2012

BSPC Minutes, Tuesday, March 20, 2012

BSPC Minutes Tuesday, April 17, 2012

BSPC Minutes Tuesday, May 15, 2012

BSPC Minutes Tuesday, June 19, 2012

BSPC Minutes Tuesday, July 17, 2012

BSPC Minutes – No August meeting

BSPC Minutes Tuesday, September 18, 2012

BSPC Minutes Tuesday, October 16, 2012

BSPC Minutes Tuesday, November 20, 2012

BSPC Minutes – No December meeting



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES HEALTH SERVICES COMPLEX

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PUBLIC HEALTH OFFICER

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Border Health
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Vital Records

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
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San Diego, CA 92120
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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, January 17, 2012

Members Present

Buono, M.D., Colleen – UCSD BHMD
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – S.D. Co. Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Nelson, M.D., David – Sharp Grossmont for Dr. Linnik
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D. Brad – AMR/RCCP Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD

County Staff

Schoenheit, Candy
Smith, Susan – EMS

Recorder

Yngson, Joan

In Attendance

Almarshad, M.D., Adel - UCSD
Bourdon, R.N., Darlene – Scripps Mercy
Dotson, R.N., Melody – UCSD BHNC
Duffy, Jennifer – Escondido San Marcos Fire
Graydon, R.N., Cheryl – Palomar BHNC
Hudnet, R.N., Carlen – Rural Metro Ambulance
Idman-Gervais, R.N., Dianne – Sharp
Grossmont
Lindsey, Matt – North County Fire
Maxwell, Jonathan – Poway Fire
Niebla, Ruben – Viejas Fire
Neill, Mark – Reach Air Medical Service
Ochs, R.N., Ginger – S.D. Fire Department
Oliveira, Lauren – UCSD Navy Resident
Rosenberg, R.N., Linda – Sharp Memorial
BHNC
Rosenberger, R.N., Wendy – Tri-City Medical
Center BHNC
Seabloom, R.N., Lynne – Oceanside Fire
Sullivan, Don - AMR
Wood, Jamie – Navy First Emergency Services

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M.D. called the meeting to order at 11:01 am.

Susan Smith introduced Candy Schoenheit, QA Specialist for the Trauma Program for EMS.

II. APPROVAL OF MINUTES

A motion was made by Dr. Davis, seconded by Dr. Tomaneng to approve the minutes of November 15, 2011. Motion carried.

III. NOMINATION AND ELECTION OF BSPC CHAIR AND VICE-CHAIR FOR 2012

Dr. Jamil Madati was nominated as BSPC Chair and Dr. Michele Grad was nominated as BSPC Co-Chair. Both were approved.

IV. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

The BSPC is meeting in the Board Conference room because of a conflict in scheduling and availability of the Auditorium. Next month there is also a scheduling conflict. Linda Rosenberg will send out the schedule for the upcoming BSPC meeting location changes.

Recognitions:

Mary Murphy, R.N., CSA-17 and Rancho Santa Fe Fire was awarded a *Meritorious Service Medal* by the California Emergency Medical Services Authority. She was cited for "superior EMS coordination, education, and leadership in San Diego County" as nurse coordinator for the CSA-17.

Debbie Moore, R.N. from Escondido received an *Interservice EMS Recognition Award* for using an AED on a middle school student who collapsed from cardiac arrest. That student was successfully resuscitated. Brian Hudson, Physical Education teacher from Escondido received a *Civilian Award* for suggesting the purchase of the AED.

Flu cases increased in the last two weeks. Most of those reported were Influenza A. The first death from influenza in the state occurred in December. The County experienced an increase in ED visits for fever, GI illness, and respiratory illness. Staff and patients are encouraged to get vaccinated for influenza.

Last year there were no deaths from pertussis; although there were 3,000 cases in 2011. EMS personnel should receive a Tdap pertussis vaccine.

This year's capacity plan has been updated and distributed. The number of December transports rose and the number of bypassed patients went up. Graphs and data are provided in Dr. Haynes Medical Director's Update.

The Midazolam (versed) shortage continues. It was decided to keep the expired midazolam, most of which expired on December 31, 2011; and, for safety purposes, not switch to different concentrations or to use valium, etc. that need a different volume. Suppliers expect shipments by the end of January. Riverside County during last year's shortage talked with the manufacturer and was told that the medication could be used up to a year after expiration. A Medical Letter Report that came out several years ago noted that most expired meds can be used up to five years after expiration.

Field units should make base contact early. This will give the base more time to evaluate the patient's needs. Field units are asked to supply the agency number, and the four digit unit number to the base.

The CDC released the new trauma triage criteria. The triage criteria is available in the January 13, 2012 edition of the MMWR on the CDC website under "Recommendations and Reports". The American College of Surgeons is in the process of revising their criteria which will be available to compare with the County's trauma triage criteria. The process will be reviewed by MAC and compared to the ACS trauma criteria. Chris Van Gorder of Scripps Health is the local representative for CDC.

The OES website, www.sdcountyemergency.com has recommendations for preparation for disaster and mitigation. During a disaster you can access the website and receive current information; for example, during the fire season it will show the boundaries and direction of evacuation.

Narcotics:

Synthetic marijuana, Spice, K-12 and the legislative laws pertaining to sales have been discussed. As of January 1, 2012 there is a new statute that outlaws sales of synthetic cannabinoids such as Spice and K-12.

There have been serious complications and infections associated with cocaine and heroin use. There have also been related cases of Toxic Shock Syndrome. Patients should be evaluated carefully for potentially serious infections and illnesses. This includes IV users or skin poppers. Contaminants with cocaine can cause dark purple purpuric lesions, seen on the nose, ears and fingertips. This is associated with suppression of immunity through severe neutropenia and severe systemic infections.

Harbor UCLA Medical Center and State EMS are conducting a pediatric survey. The goal is to evaluate the hospitals anonymously and receive feedback regarding their personnel, equipment and protocol preparedness for emergency pediatric care. The information will be collated for San Diego County and presented to the group without publicly identifying individual hospitals.

The National Association of EMS Physicians (NAEMSP) meeting was in Tucson, Arizona last week. Items discussed were:

- The shooting of Congresswoman Giffords, the response and lessons learned.
- Information on the Fukushima reactor and the radiation response team.
- The development of the CDC trauma triage criteria and encouraging local communities to use the criteria.
- Continuing to improve survivorship in cardiac arrest.
- Community paramedics across the country that not only respond to 911 ALS emergency, but have other roles such as medical care in the community, injury prevention and monitoring people after being discharged by hospitals.
- Ventricular assist devices.
- POLST form, the people who originally used it in Oregon, and the registry that they have developed. The registry is available 24 hours a day to find out if a patient has a POLST form on file.

The State EMS regulations are currently out for public comment. Comments regarding Advanced Paramedics included a better definition on the position and what the job skill set would be.

Congratulations to Scripps Mercy for their new emergency department. The new emergency department has 26 new beds. The goal is to have 46 beds by 2013.

Dr. Reilly announced that the trauma and CDC guidelines are available on line.

V. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC) (Linda Rosenberg, R.N.)

SDHDC meets tomorrow. Linda Rosenberg's two year term as Co-Chair has ended and Jeff Clingan from Palomar will be her replacement.

The HPP budgets have been approved by the state and there is a committee working on the deliverables.

A survey has been done on Doxycycline and how it is being maintained.

The anti-virals purchased years ago that are due to expire are extended and approved for two more years.

The pediatric care survey has been distributed.

Golden Guardian 2012 will take place on May 15-17, 2012. The scenario is a catastrophic earthquake along the San Andreas Fault from Palm Desert to Los Angeles. The exercise is a three day event.

- Day 1 – preactivation/activation
- Day 2 – primary day for the hospitals. DOC is open
- Day 3, recovery phase

VI. ROC UPDATE (Donna Aker for Dan Davis, M.D.)

- A. The BLAST study is an observational study where lactate is collected in the field. San Diego field providers have been trained for the study. Mercy and UCSD are discussing their agreement regarding who will maintain the machines.
- B. The ALPS study will begin in San Diego in March. They should have the data regarding temperature extremes and who will be doing that part of the study by Thursday.
- C. Last year ROC helped sponsor the Resuscitation Conference in San Diego which was a success. The State Trauma System will join the Resuscitation Conference this year to make it a Statewide Trauma and Resuscitation Conference. The conference will be held on February 9-11, 2012 at the Princess Resort in Mission Bay. Peter Rosen will be the "Award Honoree" and will be giving the keynote address Thursday on opening day. Gil Cryer will be receiving the "Trauma Award" on Saturday. The conference will be a mixture of trauma with breakouts in critical care and EMS.

Flyers regarding CE's for the conference have been sent out; the website is cme.ucsd.edu. Hours counted for the conference will include 4-hour joint sessions in the morning, with 3-hour breakouts in the afternoon.

- D. The Society of Hospital Medicine would like to introduce ART to their 3,000 hospitals around a CMS grant. In the process of preparing the grant they asking for letters of support from each of the major organizations that deal with inpatient medicine such as the American College of Cardiology, American College of Surgeons and ASEP. They were able to get a letter of support from the American Heart Association to explore the use of "maintenance of competency" for the ART program where ACLS and BLS cards would be given for the ART training. Dr. Davis will have more information for next month.

VII. POLICY REVIEW

S-422, Restraint Policy

There was concern regarding the wording of the restrain policy and placing someone in the prone position. The prone position may be the safest way for police or paramedics to restrain someone at the initial point of contact when trying to get someone under control. A change of wording suggested was, "if the patient must be in the prone position to restrain them, they should be moved as quickly as possible to the supine position or a side position" or "avoid the prone position."

Restraint review:

If you put them in a prone position to restrain them, as soon as possible, turn them over. An alternative way of restraint would be to put them on a backboard and restrain them, and/or use the one arm up method to keep them from turning themselves over.

Monitoring Equipment could be used if the patient is prone; for an example, when a stimulant has been ingested.

The use of a Spit Sock is not in the protocol, it is in the equipment inventory but there is no instruction for use. Spit Sock may be put in the restraint policy since the two often go together.

A new draft of the policy will be made with the comments that were brought forward during the discussion and will be presented at the next meeting for review.

VIII. ITEMS FOR FUTURE DISCUSSION

There were no suggestions or items for further discussion.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting will be February 21, 2012, 11:00 a.m. at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:00 p.m.



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Schwartz, M.D. Brad – AMR/RCCP Medical Director
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Wang, M.D., Marcus – Scripps Mercy BHMD

County Staff

Smith, R.N., Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

In Attendance

Aker, Donna Kelly – UCSD ROC
Allington, Linda – Carlsbad Fire
Al-Marshad, M.D., Adel – UCSD
Anderson, Marilyn – Vista Fire
Anderson, Mary – Miramar Fire
Bourdon, R.N., Darlene – Scripps Mercy
Cox, R.N., Sue – Rady Childrens' Hospital
Dotson, R.N., Melody – UCSD BHNC
DeMers, Gerard - UCSD
Foehr, Rick – EMSTA College
Graydon, R.N., Cheryl – Palomar BHNC
Hinton, William – Mercy Air
Hotka, Brian – Mercy Air
Howard, R.N., LuAnn – Scripps La Jolla
Kahn, Chris – UCSD
Klingensmith, Todd - SDCPA
Lemire, Harold – S.D. Fire Department
Liebhardt, Damian - NMCSD
Lindsey, Matt – North County Fire
Ninberg, Lori – Rady Childrens Hospital
Ochs, R.N., Ginger – S.D. Fire Department
Rosenberg, R.N., Linda – Sharp Memorial
BHNC
Rosenberger, R.N., Wendy – Tri-City Medical
Center BHNC
Sage, Angelica – Mercy Air

Seabloom, R.N., Lynne – Oceanside Fire
Serra, M.D., John - UCSD
Sullivan, Don – AMR
Vilke, M.D., Gary – S.D. Beacon/ROC
Williamson, Ana Marie – Scripps La Jolla
Workman, R.N., Debi – Paramedic Training
Program

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D. called the meeting to order at 11:03 am.

II. APPROVAL OF MINUTES

A motion was made by Dr. Reilly, seconded by Dr. Linnik to approve the minutes of January 17, 2012. Motion carried.

III. PROVIDER FOLLOW-UP (Sue Cox, R.N., Rady Children's Hospital)

A guideline developed by Rady Childrens' Hospital for sharing clinical information to pre-hospital or referring providers was presented. Recognizing that feedback to healthcare providers is valuable Rady Childrens' legal department, risk manager, health information director, ED and trauma staff reviewed the issue of follow-up to determine the barriers are to develop a policy guideline. The policy requires the base station coordinators to request feedback on patients, individuals in the field cannot call and request feedback on their own. A limited amount of data information can be given such as final diagnosis, whether the patient lived or died, whether there was an infectious disease exposure and if there was a quality improvement issue. Sue Cox will send the guidelines electronically by request.

IV. END OF LIFE CARE (Kelly White, Sharp Hospice)

Sharp Hospice has been looking into the recent issues with "end of life" patients transported from one destination to another, but somehow rerouted to an ER. Sharp Hospice met with San Diego Medical Transport to get information from their protocol and policy and to discuss why hospice patients are being transported to hospitals when prior arrangements have been made for acceptance at a hospice setting. Most "end of life" patients have a pre-arranged transport destination and a DNR; crews should clarify and transport to the designated destination. A DNR is not a requirement at hospice.

There are 22 hospices, approximately 3,000 to 5,000 patients at any one time. Coordination for a patient to go to a hospice is through physicians order. Sharp hospice has a 24/7 call center where a nurse or a supervisor is on call. An information packet is provided to the patient's family with information on who to contact.

The California Healthcare Foundation recently had something on "end of life" care and found that 80 percent of Californians would like to discuss end of life care with their physicians. Those who have a serious illness, only 7 percent has had a discussion with their physician and want healthcare providers to take necessary measures to prolong their lives; 13 percent of residents 65 and older, and 23 percent of the patients have drafted a plan.

BSPC discussed lift assist issues in the hospice or DNR scenario when patients and their families call prehospital providers to assist them when a family member has fallen and needs help getting them back up or into bed

V. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

Influenza

In the last couple of weeks there have been more reports of flu related illness. It is not sure how many reported flu cases are H1N1 or the swine flu. Dr. Buono asked if there was a public health policy regarding testing, and if testing would help with surveillance of the flu.

Action: Dr. Haynes will follow-up on Dr. Buono' inquiry.

Norovirus

There have been a number of Norovirus outbreaks. Norovirus has been found at some residential care facilities and skilled nursing facilities. Information on norovirus and prevention of transmission was updated and sent to the providers. Information is also in the Medical Director update.

Drug shortage

Midazolam may be available soon according to the pharmacies supplying the agencies. Morphine is available even though it may be in different concentrations.

Pediatric Oxygen Flow Rates

A reminder regarding oxygen flow rates in pediatric patients receiving oxygen by simple masks will be sent out to the teaching programs. When oxygen is administered to children via a simple mask, the flow rate should be at least 5L/min.

Spinal Stabilization

When spinal stabilization is performed, the protocol is to document before and after testing muscle movement and sensation of both the upper and lower extremities. Documentation should be scrupulous.

EMSTA is providing the first AEMT classes in the County. This year there are very few protocol changes. We are looking at moving from education to a protocol for patients with left ventricular devices.

State EMS

The State EMS has many regulations out for comment. The Advanced EMT and EMT regulations focus was to make them consistent with the National Education Standards and

Instructional Guidelines. The regulations will increase the length of hours for EMT's from 120 to 160 and Advanced EMT's from 88 to 160. The state is also sending out regulations for EMS for Children, STEMI and Stroke systems.

Decontamination Training

Nick Vent at the Department of Environmental Health is conducting decontamination training at hospitals including hands on use of protective equipment. The training is 16 hours long and meets the standardized training hours. Contact EMS if you are interested in the training.

Pediatric surge training is currently being given. There will be a class tomorrow on how to take care of pediatric patients if there is a surge, and what equipment and supplies are needed. The training consists of two half-day trainings with a tabletop exercise on the second day.

The Burn surge program has been discussed previously. If there is a burn surge event, the most severely burned patients would go to UCSD; the trauma centers would receive the patients that need vigorous resuscitation and monitoring. The least severely burned that need to be admitted for fluid resuscitation and initial treatment would go to the closest receiving hospitals.

Bypass

Numbers are slightly up with patients who bypassed hospitals as shown in the Medical Director Update.

VI. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC) (Linda Rosenberg, R.N.)

Facilities are planning for the Golden Guardian 2010 drill on May 15-17, 2012. Hospitals will be in play on May 1, 2012.

VII. BEACON PROJECT (Gary Vilke, M.D.)

Dr. Vilke was present to update and receive input on the Beacon project. The Health Information Exchange (HIE) element of the Beacon project is for hospitals to have access to records and share real-time information. HIE is not a repository for records, but an information exchange and access to records such as EKG's and CT scans. HIE links community clinics and immunizations, and the EMS Hub to get information and data back to the hospitals in real-time. The HIE will also integrate PPR with hospital record.

The Beacon Project has been discussed with hospital CEOs and IT managers. Dr. Vilke is in attendance to provide communication and information about the project to BHNC's and the operational groups.

Action: Beacon updates will be added as an agenda item on the BSPPC agenda.

Dr. Vilke can provide email information through Dr. Haynes on current project status. Inquiries were made regarding how the project is working at UCSD, in particular any additional staffing requirements and patient identification issues.

VIII. ROC UPDATE (Gary Vilke, M.D. and Donna Aker)

- A. The BLAST lactate study is being conducted with UCSD and Mercy. This observational study involves the testing of whole blood lactate during out-of-hospital emergency care and repeated testing upon arrival in the hospital's emergency department using a point of care meter.
- B. The ALPS study is currently going through the IRB process. IRB applications are needed at each facility. City of San Diego and Rural Metro will be doing the trial in mid March and going to the hospitals in their corresponding 911 areas. Donna Aker presented a sample kit and an information sheet.

IX. POLICY S-422 RESTRAINT REVIEW

Changes and updates to Policy S-422 were discussed. California code of regulations references were updated. Wording was changed to only restraining someone when some other technique is unsuccessful, impractical, or likely to endanger the patient or others. Also added was to attempt to enlist the patient's cooperation. If the patient is actively spitting, a surgical mask or oxygen mask may be placed over the patient's mouth to protect EMS personnel and others. The "spit sock" or mesh hood is in the optional County inventory list and will be added to this policy. If the surgical or oxygen mask method fails, a light weight, sheer, protective mesh hood may be used. The spit sock is in the optional County inventory list and will be added to the policy. Use and justification of the mesh hood must be documented so it is clear why it had to be put in place.

Posey was taken out as restraint equipment and vest was added.

Position of the patient is to avoid prone position if possible and after they are restrained, roll them to their side or the supine position. It was suggested to change the word rolled to reposition.

Action: A motion was made by Darlene Bourdon, seconded by Dr. Grad to approve Policy S-422. Motion carried.

X. ITEMS FOR FUTURE DISCUSSION

- Updates on the Beacon Project.
- Feedback on the Rady Children's guidelines for sharing clinical information to pre-hospital or referring providers.

XI. SET NEXT MEETING/ADJOURNMENT

The next meeting will be March 20, 2012, 11:00 a.m. at Scripps Memorial Hospital La Jolla, 9888 Genesee Avenue, La Jolla, CA 92037. The meeting will take place in the Schaetzel Building in the Grand Hall.

The meeting was adjourned at 12:33 p.m.



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Dunford, M.D., Jim – City of S.D. Medical Director
Hansen, M.D., Allan – Palomar for Michele Grad, M.D.
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Memorial BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander - NMCS
Reilly, M.D., Ian – Scripps La Jolla BHMD
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD

County Staff

Metz, Marcy – Chief EMS
Smith, R.N., Susan
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Recorder

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Aker, Donna Kelly – UCSD ROC
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Broyles, R.N., Linda – AMR/RCCP
DeMers, Gerard - UCSD
Dotson, R.N., Melody - UCSD
Duffy, Jennifer – Escondido/San Marcos Fire
Fast, Sandy – San Marcos Fire
Frick, Robert - REACH
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Lindsey, Matt – North County Fire
Niebla, Ruben – Viejas Fire
Ochs, R.N., Ginger – S.D. Fire Department
Parra, Frank – S.D. County CPAC
Rice, Mike - AMR
Rosenberg, R.N., Linda – Sharp Memorial
BHNC
Rosenberger, R.N., Wendy – Tri-City Medical
Center BHNC
Salerno, Elizabeth - AMR
Seabloom, R.N., Lynne – Oceanside Fire

Sullivan, Don – AMR
Taigman, Mike - AMR
Walls, Brandon - REACH
Wells, Chris – Scripps La Jolla
Wood, Jamie – Navy Region S.W. Fire/Emergency
Services

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D. called the meeting to order at 11:02 am. Attendees introduced themselves.

II. APPROVAL OF MINUTES

A motion was made by Dr. Tomaneng, seconded by Dr. Kramer to approve the minutes of February 21, 2012. Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Susan Smith, R.N.)

- A. According to the suppliers the Versed shortage is resolved. There are still some issues with the Morphine carpjects, but the vials are available. There was an FDA alert that some of the companies have suspended production of Zofran; suppliers have not seen any issues with shortages of Zofran.
- B. The San Diego Stroke Consortium, American Stroke Association, the County and the Padres have planned a San Diego "Strike Out Stroke Day", at the Padres game on May 1st. It is a onetime campaign to educate people on the signs and symptoms of stroke and calling 911.
- C. On June 7th the County and the American Heart Association (AHA) will hold a "Sidewalk CPR Day" during the week of June 4th which is National CPR week. Each participating agency will coordinate and authorize staff that are knowledgeable in the use of "hands only" CPR to train bystanders in their community. At the end of the day the number of people trained will be tallied and given to EMS, then forwarded to Los Angeles to tally for a statewide total number. The registration form and attendance check list will be sent out next week.

Dr. Dunford added that the AHA is engaged in training people in CPR. They have a mobile CPR training van that will allow them to conduct mobile CPR events in areas where the training is most needed and where people can watch how to perform CPR.

AHA is co-sponsoring the 13th Annual Regional Stroke for EMS and physicians at UCSD on May 5th. The conference will present new devices and treatment.

- D. Combat gauze has been endorsed by the military and is used as a hemostatic agent that does not cause heat and has been shown to be effective in reducing hemorrhaging. It is part of the Combat Casualty Course (CCC) official training module. Three counties in California have already implemented the use of combat gauze.

It was proposed to allow tactical medics that respond to SWAT incidents to use the combat gauze. When presented at MAC, they agreed the use of combat gauze for technical teams.

BSPC members continued discussion on combat gauze, other products and agents, what type of wounds it could be used for and the cost. Additional information may be presented at a future meeting.

IV. JOHN/JANE DOE (Ghazala Sharieff M.D.)

Dr. Sharieff is on an EMS fellowship at Scripps Health. She presented a procedure developed in collaboration with Law Enforcement to standardize a community-wide procedure to identify patients with an unknown identity, such as patients with Alzheimer's disease. Procedure is that once the patient is stabilized, the Sheriff's Department Communications Center Supervisor Line would be contacted. They will ask for a detailed description of the patient. If the description does not match someone who has already been reported, the supervisor will inform other law enforcement agencies of the patients' presence. They also ask that hospitals provide a call back number and the name of the charge nurse.

Action Item: The memo and procedure information will be sent electronically to the BSPC members for further review.

V. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC) (Linda Rosenberg, R.N.)

SDHDC is preparing for the Golden Guardian 2012 drill that is taking place on May 15-17, 2012.

VI. ITEMS FOR FUTURE DISCUSSION

- Discussion on combat gauze. Also mentioned was an article in *The Lancet* that analyzed the use, effect and evidence regarding early use of tranexamic acid in bleeding trauma patients.
- The Beacon Community Collaborative information exchange project.
- Student volunteers are needed for the May 16th drill.

VII. SET NEXT MEETING/ADJOURNMENT

The next meeting will be April 17, 2012, 11:00 a.m. at Scripps Memorial Hospital La Jolla, 9888 Genesee Avenue, La Jolla, CA 92037. The meeting will take place in the Grand Hall of the Schaetzel Building.

The meeting was adjourned at 11:50 p.m.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES
HEALTH SERVICES COMPLEX

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PUBLIC HEALTH OFFICER

Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
Jamil Madati, M.D., Chairperson
c/o Emergency Medical Services
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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, April 17, 2012

Members Present

Buono, M.D., Colleen – UCSD BHMD
Haynes, M.D., Bruce – County EMS Medical Director
Heiser, M.D., Robyn – Palomar for Dr. Grad.
Kramer, M.D., Mark – Sharp Memorial BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Neisen, David – Sharp Grossmont for Dr. Linnik
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR/RCCP Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD
Workman, R.N., Debi – Paramedic Training Programs

County Staff

Smith, R.N., Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

In Attendance

Aker, Donna Kelly – UCSD ROC
Allington, Linda – Carlsbad Fire
Anderson, Marilyn – Vista Fire
Blevins, Todd – Mercy Air
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – AMR/RCCP
Cavanaugh, Mary – Miramar Fire
Conover, William – Camp Pendleton Fire
Curnow, Robert – Mercy Air
Davis, M.D., Dan – Mercy Air
Dotson, R.N., Melody - UCSD
Hilger, Keren - NMCSD
Hitchcock, Kevin – Poway Fire Department
Graydon, R.N., Cheryl – Palomar BHNC
Howard, R.N., LuAnn – Scripps La Jolla
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD
Klingensmith, Todd – S.D. Paramedic Association
Lemire, Harold – S.D. Fire Department
Lindsey, Matt – North County Fire
Nichols, David – Fed Navy SW Region
Ninberg, Lori – Rady Childrens
Ochs, R.N., Ginger – S.D. Fire Department
Pless, Torrey – Scripps La Jolla
Rosenberg, R.N., Linda – Sharp Memorial
BHNC

Rosenberger, R.N., Wendy – Tri-City Medical
Center BHNC
Salerno, Elizabeth - AMR
Seabloom, R.N., Lynne – Oceanside Fire
Sullivan, Don – AMR
Vilke, M.D., Gary – Beacon/ROC
Wells, Chris – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D. called the meeting to order at 11:02 am. Attendees introduced themselves.

II. APPROVAL OF MINUTES

Dr. Madati asked if there were any comments or suggestions on the “Jane” or “John” Doe reporting process document distributed and discussed at last month’s meeting. A few hospitals mentioned that their legal counsel is being consulted.

Dr. Haynes added that the procedure for notification of Jane/John Doe and the patient information was also discussed at Emergency Medical Oversight Commission (EMOC). There was general support for the process and an inquiry as to how often it would be used and how helpful it would be. The hospital association was going to refer the information to their CEO’s and also get a legal opinion. The process will be sent to the emergency department medical directors and managers.

The topic will be brought back to the BSPC meeting in a month or two.

A motion was made by Dr. Kramer, seconded by Dr. Buono to approve the minutes of March 20, 2012. Motion carried.

III. MEDICAL DIRECTOR’S REPORT (Bruce Haynes, M.D.)

A. Drug shortages

There are reoccurrences of some of the shortages of the 5mg per cc Versed. Some of the local suppliers have been promised some of the 10mg/2cc’s, or the 5mg/1cc concentrations. By the end of April they think that the shortage will be over.

No one has had to use expired medications and there have not been any reported medication errors.

State medical directors did a survey on the medication shortage. 18 percent around the state had run out of a drug, 11 percent thought that the patient hadn’t been treated because of the lack of the medication, i.e. morphine for pain. Others used different formulations or concentrations, trying different distributors and transferring at times from unit to unit. 59

percent of the suppliers would not give reassurance as to when the shortages will end. There is a lot of national attention given to the drug shortages.

B. "Strike Out Stroke"

The EMS Stroke Consortium and a number of other organizations are sponsoring the "*Strike Out Stroke Day*" on May 1st at the Padre Baseball game vs. Milwaukee at PETCO Park. Before the game and during the first two innings information on the risk factors and warning signs for stroke using the FAST acronym: Face-uneven smile, facial droop/numbness, vision disturbance; Arm and Leg-weakness, numbness, difficulty walking; Speech-slurred, inappropriate words, mute; Time-time is critical, call 911 will be given. They will also conduct blood pressure checks. For more information on "*Strike Out Stroke Day*", call PETCO Park or Dianne Royer, EMS, for information about tickets.

C. "Sidewalk CPR Day"

Sidewalk CPR occurs June 7, between 10 am and 2 pm. The County is hoping to train "2012 in 2012" in compression only CPR. Project Heartbeat is providing 300 manikins for the event. Details to signing up for setting up a venue for CPR in your area were provided at the BSPPC meeting. No certification will be issued.

- D. It is an off year for protocol changes; minor changes and education are being prepared. A presentation will be given by Susan Smith at both the BSPPC and PAC meetings today. They will also review Versed usages. Policies S-414, Resuscitation and S-422, Application of Patient Restraints were approved by legal counsel with minimal or no changes needed. DNR policy regarding the attorney in fact and the POLST form are now incorporated. There was also information on how to incorporate electronic medical records since they are getting more common.

Minor changes were made with the patient restraint policy. Information on the spitting patient and restraint position was added.

- E. Cardiac system data was given. Total cases since 2007 were 4,647, with 1,668 receiving a PCI. The false positive rate remains stable. Reasons are mimics and MD activations if a physician decides that it sounds suspicious enough to bring in a patient as an activated STEMI patient.
- F. Door-to-first device time has narrowed. Hospitals are doing a good job taking care of patients even if there is no prehospital activation and with walk-ins. QI total numbers for door-to-device time in the first three quarters of 2011 is 97 percent within 90 minutes.
- G. There was a five part series in the Union Tribune on frequent users of emergency departments featuring Dr. Dunford. The article outlines some of the potential problems and solutions.
- H. The State comment period on EMS for children draft regulations is closed. The proposals will set standards similar to the trauma system. Proposals were to identify different levels of receiving hospitals, data systems, equipment standards and performance improvement.

Paramedic regulations were out for final comment and were due April 21. The State is interested in the curriculum for the paramedic CCT program.

- I. The first Advanced Emergency Medical Technician (AEMT) which is the newest category of provider in California and nationally is close to approval. Currently it is with the Border Patrol Border Patrol Search, Trauma, and Rescue (BORSTAR) Teams.
- J. Trauma Centers are going through their verification visits by ACS. The final two trauma center visits are in May.
- K. The Law Enforcement coordinator sent out a notice regarding Khat, which is a shrub native to the Northeast and East Africa, and Saudi Arabia. Khat has a stimulant affect on people and can be addictive. It can also have manic behavioral effects, hyperactivity, hallucinations and psychosis. The treatment is to use Benzodiazepines.
- L. Epinephrine in cardiac arrest evaluated in a registry study from Japan showed that people who received epinephrine were more likely to get return to spontaneous circulation temporarily. It also decreased their survival and their neurologic status wasn't as good. That is also reflected in the Jacobs randomized epinephrine study from Australia and it wasn't found beneficial except for return of spontaneous circulation. A similar randomized drug study in Scandinavia published a couple of years ago gave the same conclusion. In that study they had a good matching of bystander witnessed arrest, bystander CPR, quality of CPR done by the rescuers, whether they had hypothermia or angioplasty. There was discussion and information on similar randomized control trials and CPR in lieu of epinephrine.
- M. At the end of the Medical Director report the data sheets show that the system has gotten a little busier. There wasn't a bad flu season, but there were some cases of bronchiolitis. The number of people who bypassed requested hospital was high.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

SDHDC is planning for Golden Guardian drill on May 16.

The State has not decided on a vendor for this year's deliverables.

The Germ Commission says there are very few influenza outbreaks. Next year there will be two strains, one for the B and one for the H3 and H2.

Training

There will be additional HICS training offered in June. There is also training for WebEOC which is used for disaster.

Grossmont Hospital is conducting training for hospitals on the "Active Shooter" program.

Training and classes are being offered for follow-up on the pediatric surge training. There will be more information given on the trainings at the SDHDC meeting tomorrow.

Linda Rosenberg mentioned the burn surge training was excellent. They may possibly offer the training again. It was a two day course, education on first day and a tabletop on second day. Training is on burn care for non burn centers.

V. BEACON UPDATE (Gary Vilke, M.D.)

- Beacon is working with the County on the EMS Hub which is the data from the field to the QCS system. The advantage to the Beacon EMS Hub portion is that information given will be in more "real time".
- There are three STEMI centers involved with Beacon. One of the goals of the system is to receive EKG's in "real time". Beacon has worked with Sharp Hospital IT system and administration and has also met with Children's.
- Beacon is working with the dispatch agencies through First Watch to get hubs set up using the CAD data that is already being used by First Watch and fire agencies.
- The last report that came from Beacon showed a decrease in false positives rates of STEMI centers.

VI. ROC (Gary Vilke, M.D.)

- Biomarker Lactate Assessment of Shock in Trauma (BLAST) lactate observational study has enrolled a total of 8 patients.
- Amiodarone, lidocaine or placebo study (ALPS) trial for v-fib will hopefully start within the month. Regulatory information is in, the IRB letter is pending, and they are waiting for the sites to receive their medication.
- The next ROC Steering Committee meeting is in Toronto.

VII. COMBAT GAUZE

- A medic associated with SWAT backup and Dr. Dunford approached Dr. Haynes about using combat gauze. The issue of using combat gauze was brought forward at the MAC meeting. MAC supports the SWAT use.

Combat gauze is mostly seen and used in the war front. Tourniquets are used for severe extremity wounds. Combat gauze is a Kaolin coated hemostatic dressing used together with direct pressure and bandages. It has procoagulant action and clotting activity. It does not create heat as some of the earlier versions did and does not embolize out of wounds. The Committee on Tactical Combat Casualty Care which is the military's version of who reviews and approves combat medical treatment approves and endorses the use of combat gauze.

Motion made by Dr. Kramer, seconded by Dr. Buono to accept and approve the use of combat gauze for SWAT medics only. Motion carried.

VIII. TREATMENT PROTOCOL REVIEW (Susan Smith, R.N.)

Most of the changes were to clean up language; there were no changes in practice with the exception of S-127.

S-102, Treatment Protocol – Abbreviation List

- Add Ventricular Assist Device (VAD) to the abbreviations

S-103, BLS/ALS Ambulance Inventory

- Change was made to the atropine par level.

S-127, Treatment Protocol – Dysrhythmias

- Giving fluids to maintain a blood pressure ≥ 90 was reworded throughout the S-127 protocol to make the intent clearer.
- Add do not perform compressions on patients with a Ventricular Assist Device (VAD) unless instructed by the VAD coordinator or base hospital. Discussion ensued regarding performing compressions if the pump is not functioning, what the patients and families are taught, DNR form requests and administering CPR.

National Association of EMS Physicians discussed LVAD and suggested not to do CPR.

The total artificial heart (TAH) should also be incorporated in the variations and added to the abbreviations.

S-129, Treatment Protocol – Envenomation Injuries

- Apply heat to the area as tolerated, not to exceed 110 degrees. (upper temperature degree limit added)

S-135, Treatment Protocol – Pre-Existing Medical Interventions

- There was a suggestion to have back-up VAD equipment added to the protocol. Equipment for out-of-area VAD patients was discussed. The Major Trauma patient should be taken to the nearest trauma center to be stabilized and then sent to a VAD center, if necessary.

S-136, Treatment Protocol – Respiratory Distress

- If the patient is >40 years of age, has no history of asthma, cardiac history, hypertension or a blood pressure >150 , the epinephrine IM is to be given by Base Hospital Physicians Order (BHPO). BSPC discussed the conditions of the patient such as age, medical history and blood pressure and how often epinephrine is given IM.

Action Item: Check on how often epinephrine is given IM.

S-140, Treatment Protocol – Triage, Multiple Patient Incident/Mass Casualty Incident/Annex D

- Change wording from multi casualty to Mass Casualty Incident (MCI). (language corrected)

S-142, Treatment Protocol – Psychiatric/Behavioral Emergencies

- Will discuss at the PAC meeting.

Debi Workman commented that S-138, the shock protocol states that for hypovolemia give fluid to maintain BP \geq 90, which is a conflict with the trauma policy. Discussion continued on the difference between trauma policy and the shock protocol.

IX. ITEMS FOR FUTURE DISCUSSION

There were no items brought forward.

X. SET NEXT MEETING/ADJOURNMENT

The next meeting will be May 15, 2012, 11:00 a.m. at Scripps Memorial Hospital La Jolla, 9888 Genesee Avenue, La Jolla, CA 92037. The meeting will take place in the Grand Hall of the Schaezel Building.

The meeting was adjourned at 12:16 p.m.



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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, May 15, 2012

Members Present

Dunford, M.D., Jim – City of S.D. Medical Director
Friedberg, M.D., Bruce – Palomar for Dr. Grad.
Haynés, M.D., Bruce – County EMS Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander - NMCSD
Schwartz, M.D., Brad – AMR/RCCP Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD

County Staff

Smith, R.N., Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

In Attendance

Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – AMR/RCCP
Cavanaugh, Mary – Miramar Fire
Conover, William – Camp Pendleton Fire
Curnow, Robert – Mercy Air
Davis, M.D., Dan – Mercy Air
DeMers, Gerard - UCSD
Dotson, R.N., Melody - UCSD
Duffy, Jennifer – Escondido/San Marcos
Graydon, R.N., Cheryl – Palomar BHNC
Howard, R.N., LuAnn – Scripps La Jolla
Kahn, Chris – UCSD
Klingensmith, Todd – S.D. Paramedic Assoc.
Lemire, Harold – S.D. Fire Department
Monday, John – Camp Pendleton Fire
Murphy, R.N., Mary – CSA-17 Fire
Ochs, R.N., Ginger – S.D. Fire Department
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.
Russo, R.N., Joe – Rural Metro/CSA-17
Seabloom, R.N., Lynne – Oceanside Fire
Serra, M.D., John - UCSD
Vilke, M.D., Gary – Beacon/ROC
Wells, R.N., Chris – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D. called the meeting to order at 11:02 am. Attendees introduced themselves.

II. APPROVAL OF MINUTES

A motion was made by Dr. Tomeneng to approve the minutes of April 17, 2012. Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

A. The number of patients that bypassed the requested hospital was down. Hospital bypass numbers were also down compared to last month. If there appears to be a prolonged off load delay or if there are multiple units waiting, speak to the charge nurse. The EMS duty officer may be notified for assistance when prolonged off loads occur, especially if multiple units are involved. Please do not call the Duty Officer if you have left the scene or have not attempted to talk to hospital staff.

B. The Golden Guardian 2012 exercise is on May 15-17, 2012. The scenario is a 7.0 earthquake on the San Andreas Fault. There will be a communications exercise on May 15, and on May 16 the Emergency Operations Centers (EOC's) will be activated with hospitals and agencies participating in the exercise.

C. May 1, 2012 was the "*Strike Out Stroke Day*" event at PETCO Park. Hospitals participated in the event distributing information on the signs and symptoms of stroke, and the risk factors. Blood pressure checks and other evaluations were given by the stroke hospitals at the park entry gate prior to the game. Education on the warning signs of stroke was taught through the FAST acronym: Face-uneven smile, facial droop/numbness, vision disturbance; Arm and Leg-weakness, numbness, difficulty walking; Speech-slurred, inappropriate words, mute; Time-time is critical, call 911.

D. It is an off year for protocol changes. There are a few minor changes that will be reviewed. Versed dose and contact criteria regarding patients who are intoxicated may be revised. There may be a focus on the increasing number of patients with left ventricular assist devices.

Policy S-414, the Do-Not-Resuscitate (DNR) policy will clarify the Advance Health Care Decision law. Policy S-422, the Restraint policy adds information on patients who are spitting at rescuers and patient positioning and restraint of extremities.

E. The iQCS system should be ready by this summer. Training will be given beforehand.

F. The state has issued draft regulations for EMS for Children. Proposed paramedic regulations are out for comment, with some technical changes.

- G. Trauma center verification visits are completed. The hospital trauma centers were prepared and the American College of Surgeon (ACS) verification visits went well.
- H. There are drug shortages with morphine carpupjects that will be on back order until June. The Midazolam shortage seems to be resolved. There was a reported shortage of bicarbonate in prefills.

The group discussed drug procurement and the sources of the shortage. There will be continued updates brought to the BSPPC meetings for feedback.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

SDHDC is concentrating on the Golden Guardian exercise and drill activation. The Medical Operations Center (MOC) and Office of Emergency Services (OES) will be open. You can log onto WebEOC for real time information on the drill.

V. BEACON UPDATE (Gary Vilke, M.D.)

- Beacon is working with the County on computer contract updates.
- Beacon met with San Diego Fire regarding EKG and CAD transmittals.
- Dr. Dunford added that with Beacon there will also be the ability to prealert the emergency room on patients that are identified as having case management plans, such as Project 25 superusers. The goal is to have the ability for the fire fighters who are first at the scene to enter patient information and to identify the person and alert their case manager and the ER.
- The Health Information Exchange (HIE) is a community exchange working with 211 and major providers to create a location where case files can reside, i.e. end of care documents and POLST registry files.

VI. ROC (Gary Vilke, M.D.)

- The Biomarker Lactate Assessment of Shock in Trauma (BLAST) observational study currently has a total of 14 patients.
- Dr. Vilke attended the ROC Semi-annual meeting in Toronto where issues with the Amiodarone, Lidocaine, Placebo Study (ALPS) study is being resolved. Next month they will enroll patients in the study and conduct training.

VII. TREATMENT PROTOCOL REVIEW (Susan Smith, R.N.)

The following Treatment Protocols were discussed:

S-102, Abbreviation List – Total Artificial Heart (TAH) and Ventricular Assist Device (VAC) was added to the list.

S-103, BLS/ALS Ambulance Inventory – par levels for Atropine 1mg/10ml changed from three to two.

S-127, Dysrhythmias – At the last meeting there was discussion regarding performing compressions on VAD or TAH patients. Compressions should not be performed on VAD or TAH patients unless instructed otherwise by the VAD coordinator or the base hospital.

S-135, Pre-existing Medical Interventions – Add the statement, bring backup equipment/batteries as appropriate to cover the VAD.

S-138, Shock – Non-traumatic was added to the statement under hypervolemic.

S-142, Psychiatric/Behavioral Emergencies Changes were made with regards to administering Versed for severe agitation and behavioral emergencies at the site. This is different than the poisoning protocol overdose which covers agitated delirium. Versed was changed from a maximum of 10 mg Intramuscular (IM) to maximum of 5 mg IM on Standing Order (SO) unless suspected intoxication, then it is a Base Hospital Order (BHO). The dose may be repeated with BHO.

The main changes to the protocol was to reduce the 10 mg to 5 mg IM and going from SO to BHO for the repeat dose. The changes will be made to the protocol and if necessary they will be reevaluated next year.

S-136, Respiratory Distress – Epinephrine IM wording changes were made with severe respiratory distress/failure or inadequate response to albuterol. If there is no definite history of asthma, it is a Base Hospital Physician Order (BHPO). It will be noted at the bottom of the page stating use caution in conditions such as a cardiac history, hypertension or blood pressure higher than 150, or if the patient is older than 40.

Additional comments were made on multi dose vial epinephrine and the shortage of the preload vials, and wording clarification with regards to spinal immobilization.

VIII. ITEMS FOR FUTURE DISCUSSION

There were no items brought forward.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting will be June 19, 2012, 11:00 a.m., Spectrum Auditorium, 8695 Spectrum Center Court, Kearny Mesa area, San Diego, CA 92101.

The meeting was adjourned at 12:05 p.m.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, June 19, 2012

Members Present

Buono, M.D., Colleen – UCSD BHMD
Dunford, M.D., Jim – City of S.D. Medical Director
Grad, M.D., Michele – Palomar BHMD
Klingensmith, Todd – S.D. Paramedic Association
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Metz, R.N., Marcy – County EMS Chief
Miller, M.D., Alexander - NMCS
Reilly, M.D., Ian – Scripps La Jolla BHMD
Tomaneng, M.D., Neil – Tri-City BHMD
Zahller, M.D., Steve – Scripps Mercy BHMD

County Staff

Smith, R.N., Susan
Stepanski, Barbara

Recorder

Loginov, Clara

In Attendance

Abbott, Stephen – North County Fire
Aker, Donna Kelly – UCSD ROC

Allington, Linda – Carlsbad Fire
Al-Marshad, M.D., Adel – UCSD
Andrews, R.N., Donna – Julian Fire
Broyles, R.N., Linda – AMR/RCCP
Cavanaugh, Mary – Miramar Fire
Conover, William – Camp Pendleton Fire
Curnow, Robert – Mercy Air
DeMers, Gerard - UCSD
Dotson, R.N., Melody - UCSD
Duffy, Jennifer – Escondido/San Marcos
Foehr, Rick – EMSTA College
Graydon, R.N., Cheryl – Palomar BHNC
Howard, R.N., LuAnn – Scripps La Jolla
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Johansen, Cody – San Diego Beacon
Kahn, Chris – UCSD
Maloney, M. Ryan – AMR
Murphy, R.N., Mary – CSA-17 Fire
Ninberg, R.N., Lori – Rady Children's Hospital
Ochs, R.N., Ginger – S.D. Fire Department
Rafi, Nas – UCSD
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.
Ross, Elliot – NMCS
Russo, R.N., Joe – Rural Metro/CSA-17
Seabloom, R.N., Lynne – Oceanside Fire
Serra, M.D., John - UCSD
Smith, D.O., Ryan – Tri-City Medical Center
Vilke, M.D., Gary – Beacon/ROC

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D., called the meeting to order at 11:04 a.m. Attendees introduced themselves.

Dr. Madati announced that this is Neil Tomaneng's, M.D., last month attending the BSPC meeting. Ryan Smith, D.O., of Tri-City Medical Center will take his place beginning July 2012.

Marcy Metz, R.N., introduced Clara Loginov, EMS's new secretary and recorder for BSPC and Prehospital Audit Committee minutes.

II. APPROVAL OF MINUTES

A motion was made by Lynn Seabloom to approve the minutes of May 15, 2012, seconded by Dr. Tomaneng. Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Susan Smith, R.N., for Bruce Haynes, M.D.)

- A. Ms. Metz thanked everyone for their participation in the countywide Sidewalk CPR event on June 7, 2012. There were 50 sites throughout the county, with 22 organizations represented, and 3,048 people trained on adult-only compression CPR. Counties throughout Southern California participated in this event, and the total number of people trained from Santa Barbara County and southward was 12,964. This will likely become an annual event during CPR week each June. County EMS is requesting feedback for improvements that can be made going forward.
- B. A request was made that 12-lead EKGs be transmitted as quickly as possible. The primary purpose of the prehospital 12-lead is to identify a STEMI so as to transport the patient to the correct location.
- C. Work on the Beacon Hub is ongoing.
- D. The Golden Guardian 2012 drill in May went well. The drill was an earthquake scenario, and a major focus was receiving patients from outside counties.
- E. The Centers for Disease Control (CDC) confirmed that this year's flu season was the lightest in many years.
- F. The County of San Diego recently signed an agreement with the United States Postal Service to deliver prophylactic antibiotics via mail in the case of a large scale anthrax attack. Ms. Metz specified that when the grant was submitted in 2011, only five jurisdictions nationally were awarded the funds. Because the initial grant is relatively small, it is being rolled out to six zip codes at first, with the federal government showing interest in expansion in the future. It was asked what kind of drug would be delivered, and Ms. Metz specified that each household would receive two bottles of doxycycline, which would last ten days.

- G. The number of patients with a Left Ventricular Assist Device (LVAD) is increasing dramatically. The protocol update in July will address standardization of treatment for LVAD patients. S-127 was updated to state that compression should not be performed, unless the VAD coordinator or base hospital instructs otherwise.
- H. There have been revised regulations released for EMTs, AEMTs, and paramedics. There should also be new STEMI and stroke regulations likely released by the end of June 2012.
- I. The Joint Commission released criteria for identification of a comprehensive stroke center. This will be evaluated to see how it fits into the current stroke system.
- J. The Emergency Nurses Association is meeting at the San Diego Convention Center in September. Ambassadors are needed, and anyone interested should contact Susan Smith, R.N., at County EMS.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

- A. The San Diego Healthcare Disaster Council (SDHDC) is working with the Sheriff's Department on a re-entry program for healthcare workers to be able to gain entry to their workplaces in the case of a disaster. They are still determining whether a separate badge or a sticker on workers' current badges will be required. Initially there had been discussions of determining a set number of essential staff, but it has been decided that all staff should be considered essential during a disaster.
- B. San Diego State University will be having an active shooter drill in January 2013. They are working on this with the Sheriff's Department, the San Diego Police Department, Sharp Healthcare, and others. It will be one of the largest active shooter drills in the United States.
- C. The 3rd Annual Disaster Preparedness Partnership Conference will be taking place on July 17, 2012 from 9:00 a.m. to 4:00 p.m., at Scripps Memorial Hospital.

V. BEACON UPDATE (Gary Vilke, M.D.)

Cody Johansen of the San Diego Beacon Project began a demonstration of the EMS Hub. Dr. Vilke provided additional information.

- Among the updates to the EMS Hub, an EKG tab has been added to the interface. Technicians are able to email EKGs directly to the Hub. The vitals will still be on display, and any images that have been attached, such as EKGs, can be opened and viewed. The EKGs can also be emailed to recipients from a predetermined list.
- UCSD stated that their current setup sends an EKG three ways: email, fax, and through the EMS Hub, which is linked directly to their system (EPIC). From the Hub, the information is transmitted within a couple of minutes and doctors can view in their offices, rather than having to go to the radio room.

- It was mentioned that STEMI access to the EMS Hub seems like a good priority.
- The County of San Diego has been working with Beacon on creating a bidirectional system between QCS and the EMS Hub, and Beacon has also been working with the County's vendor, DI. Linking the EMS Hub with QCS avoids duplicate work. It will still be some time until these systems work together, but it is ultimately the goal.
- Beacon won an Innovation Grant, and they will be working with doctors in southeast San Diego to manage the cases of 200 costly patients who have frequent hospital readmissions.
- It was asked who is behind the EMS Hub, and Mr. Vilke responded that County EMS has been working with the San Diego Beacon. Beacon currently has a steering committee led by CEOs, CIOs, and CMIOs of major local hospitals and related organizations, and their goal is to form a nonprofit. Beacon's current grant funding will run out in October 2013.
- Jim Dunford raised the question of who should own the information systems of a region. Three major groups are currently discussing this: Beacon, the Health Information Exchange (HIE), and County Health and Human Services (HHSA). In May 2012, Alliance Healthcare Foundation invited the HIE from Austin, Texas to discuss their procedures to get an idea of best practices from a long-standing agency. Austin's HIE handles healthcare information for approximately 40 counties in Texas.

VI. RESUSCITATION OUTCOMES CONSORTIUM (Gary Vilke, M.D.)

The Amiodarone, Lidocaine, or Placebo Study (ALPS) is in the final preparation stages, and a late-June start date is anticipated. By the next BSPC meeting, the process of enrolling patients in ALPS should be in progress.

VII. POLICY REVIEW (Susan Smith, R.N.) (*This item taken out of order*)

S-409: Reporting of Issues in Patient Care Management

This policy was reviewed by the subcommittee and there were no recommendations for changes. It is being reviewed at this time because the policy has not been reviewed since 2005. The policy follows the CQI plan and state reporting regulations. The council agreed with the subcommittee's assertion regarding the policy.

VIII. ITEMS FOR FUTURE DISCUSSION

There were no items brought forward.

X. SET NEXT MEETING/ADJOURNMENT

The next meeting will be July 17, 2012, at 11:00 a.m. The meeting was adjourned at 12:02 p.m.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES HEALTH SERVICES COMPLEX

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PUBLIC HEALTH OFFICER

Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
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Public Health Laboratory
PH Nursing
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TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
Jamil Madati, M.D., Chairperson
c/o Emergency Medical Services
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San Diego, CA 92120
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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, July 17, 2012

Members Present

Dunford, M.D., Jim – City of S.D. Medical Director
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – County EMS
Klingensmith, Todd – S.D. Paramedic Association
Kramer, M.D., Mark – Sharp Memorial BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander - NMCSD
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR/RCCP Medical Director
Smith, D.O., Ryan – Tri-City Medical Center
Wang, M.D. Marcus – Scripps Mercy BHMD

County Staff

Smith, R.N., Susan

Recorder

Loginov, Clara

In Attendance

Aker, Donna Kelly – UCSD ROC
Anderson, R.N., Marilyn – Vista Fire
Bourdon, R.N., Darlene – Scripps Mercy BHNC
Cavanaugh, Mary – Miramar Fire

In Attendance (con'd)

Conover, William – Camp Pendleton Fire
Dotson, R.N., Melody - UCSD
Duffy, Jennifer – Escondido/San Marcos
Foehr, Rick – EMSTA College
Graydon, R.N., Cheryl – Palomar BHNC
Howard, R.N., LuAnn – Scripps La Jolla
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, M.D., Chris – UCSD
Lindsey, Matt – North County Fire
Lofvendahl, Scott – Escondido Fire
Ninberg, R.N., Lori – Rady Children's Hospital
Ochs, R.N., Ginger – S.D. Fire Department
Ordille, Pete – Palomar College
Rodriguez, Felipe – Oceanside Fire
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.
Russo, R.N., Joe – Rural Metro/CSA-17
Seabloom, R.N., Lynne – Oceanside Fire
Serra, M.D., John - UCSD
Sullivan, Don – AMR
Vilke, M.D., Gary – Beacon/ROC
Wood, Jaimie – Navy Fire Southwest
Young, R.N., Jackie – Sharp Memorial

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D., called the meeting to order at 11:08 a.m. Attendees introduced themselves.

II. APPROVAL OF MINUTES

A motion was made by Alexander Miller, M.D., to approve the minutes of June 19, 2012, seconded by Mark Kramer, M.D. Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

- A. Protocol review will be taking place in the fall; anyone with suggestions should submit them to Dr. Haynes or Susan Smith, R.N.
- B. Palomar Hospital will be moving into a new facility on Sunday, August 19, 2012. The hospital will be on bypass for trauma patients from midnight to approximately noon, but they may go off bypass sooner if everything goes smoothly.
- C. Updated instructions on dilution of epinephrine were sent out recently, as there has been a shortage primarily of pre-fills of 1:10,000 epinephrine. No one came forward to say they have had to dilute epinephrine, but EMS is monitoring the situation. If dilution is necessary, the instructions should be followed carefully, and the solution should not be prepared in advance or saved.
- D. Training for iQCS is ongoing. The current focus with iQCS is load testing.
- E. Obtaining field 12-leads early was emphasized, as it's important for the hospital to know as soon as possible when a STEMI has occurred.
- F. Meetings with Beacon regarding implementing the flow of patient records are ongoing. These records will include field 12-leads.
- G. EMS and Public Health have a monitoring system in place for elevated summer temperatures. When temperatures reach a certain level, outreach will be done, including notifying the community of public cooling centers and encouraging community members to check on elderly neighbors.
- H. The State has convened a working group to look into community paramedicine, which could increase the role of paramedics within the community to include things such as minor trauma care or disease management in rural communities.
- I. There are a number of regulations expected from the state EMSA shortly. The paramedic regulations were reviewed at a recent meeting, and some changes were made, primarily moving items from the optional scope of practice to the basic scope of practice and moving

some medications to the optional scope for interfacility transfer. New regulations pertaining to EMS for children, STEMI, and stroke systems are also expected.

- J. The VA began a homeless veterans' initiative. An email address and website where materials can be obtained was provided.
- K. At last month's PAC meeting, there was an audit of charcoal use. It was found that the one-hour interval for administering charcoal after the ingestion of a substance had very high compliance, but the requirement of contacting a poison center when charcoal was administered was less so.
- L. Trauma surgeons have asked that protocols for reversals for patients who have been given anticoagulants or antiplatelets be distributed to emergency rooms. This was sent out to ED medical directors.
- M. The Office of the Medical Examiner had a news conference regarding their annual report for 2011. Suicide was the leading cause of the deaths that they examined, with overdose from prescription drugs second. Vehicle crashes were down, coming in third. 2011 was the first year to see deaths from the drug "bath salts"; there were three deaths related to the drug. Homicides were at their second lowest number since they began being reported in 1988.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

- A. The HPP 11 grant is in progress; all hospitals have submitted their data to the County.
- B. There has been discussion of the use of Amateur Radio Emergency Service (ARES), who an integral part of the disaster system. An effort will be made to give them more scenarios, and it was encouraged that disaster coordinators take time to work with ARES.
- C. The next drill will be taking place in November, and will be an earthquake scenario.
- D. The Office of Emergency Services (OES) is offering several upcoming training courses, with schedules available on their website. There will be training on NIMS, HICS, SEMS, and WebEOC. There will be an all-day training covering all of these topics, as well.
- E. The Emergency Operations Center (EOC) has been activated twice so far this fire season. October is usually the most active month for wild fires.

V. BEACON UPDATE (Gary Vilke, M.D.)

- A. There was a recent Beacon presentation at a Cardiology Advisory Committee (CAC) meeting, and the cardiologists responded positively to the EKG transmission capabilities that were demonstrated.
- B. Meetings with the County and vendors regarding electronic PPRs are upcoming within the next month.

- C. As of the meeting date, UCSD, Rady Children's, and Balboa hospitals have access to the Beacon system, with Sharp being very close.

VI. ROC (Gary Vilke, M.D.)

- A. The Amiodarone, Lidocaine, or Placebo Study (ALPS) is up and running, with six patients enrolled thus far.
- B. There are 16 patients currently enrolled in the Biomarker Lactate Assessment of Shock in Trauma (BLAST) study.
- C. Units outside of the city of San Diego are anticipated to be able to start the ALPS study in the middle of August. Some have already completed the initial training.

VII. TRANSMISSION OF EKGs TO SMARTPHONES (John Serra, M.D.)

- A. Several committee members submitted their email addresses to Dr. Serra before the meeting, and a demonstration was done showing that a 12-lead could be sent directly to those members' smartphones.
- B. Transmissions will already be going through the Beacon Hub, and this would be more those individuals who are interested in personally receiving EKG transmissions. For those who don't yet have access to the Beacon Hub, this could work as a stopgap measure.
- C. Only STEMIs and EKGs that are questionable will be transmitted.
- D. It was also suggested that for such positions as MICN, a generic email address could be set up for the position itself and the transmissions would not have to be sent to each individual.
- E. Security was brought up as a possible problem with this system for some hospitals. It was stated that the EKGs will be transferred without names or other personally identifiable information, and will instead identify patients just by age, sex, and the unit from which it was transmitted. There was a discussion about whether this is enough information to definitively identify a patient, and some believed there could be errors. AMR includes patient initials to avoid this problem. Others suggested a secure log-in website as a solution for security concerns.
- F. Regarding all concerns, it was emphasized that providing feedback will be the best solution to making the system run smoothly.
- G. The concern was raised that every item in a patient's Beacon file will have the patient's name except the EKG, and it won't be possible to verify that the EKG belongs to the patient.
- H. Dr. Vilke has a list of the secure email addresses for each hospital, which can be provided upon request.

VIII. ITEMS FOR FUTURE DISCUSSION

- A. Lynne Seabloom, R.N., had requested time in the September meeting to do a presentation on North County.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting will be on September 18, 2012 at 11:00 a.m. at Scripps La Jolla. There will be no meeting in August.

The meeting was adjourned at 12:10 p.m.



County of San Diego

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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES Tuesday, September 18, 2012

Members Present

Grad, M.D., Michele – Palomar BHMD
Klingensmith, Todd – S.D. Paramedic Association
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHND
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander - NMCSD
Reilly, M.D., Ian – Scripps La Jolla BHMD
Smith, D.O., Ryan – Tri-City Medical Center
Wang, M.D. Marcus – Scripps Mercy BHMD

County Staff

Pate, R.N., Rebecca
Smith, R.N., Susan
Stepanski, Barbara

Recorder

Loginov, Clara

In Attendance

Aker, Donna Kelly – UCSD ROC
Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire
Bingham, James – Viejas Fire

In Attendance (con'd)

Bourdon, R.N., Darlene – Scripps Mercy BHNC
Broyles, R.N., Linda – AMR/RCCP
Dotson, R.N., Melody
Duffy, Jennifer – Escondido/San Marcos
Egleston, Clint – Southwestern College
Graydon, R.N., Cheryl – Palomar BHNC
Healy, R.N., Marla – Sharp Memorial
Hitchcock, Kevin – Poway Fire
Hotka, Brian – Mercy Air
Howard, R.N., LuAnn – Scripps La Jolla
Hudnet, R.N., Carlen – Rural/Metro Ambulance
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Lindsey, Matt – North County Fire
Maloney, M. Ryan – AMR
Murphy, R.N., Mary – CSA-17 Fire Department
Nichols, Dave – NRSW Federal Fire
Ochs, R.N., Ginger – S.D. Fire Department
Rice, Mike – AMR
Roberts, Kim – Scripps La Jolla
Robinson, Scott – National City Fire
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.
Salerno, R.N., Elizabeth – AMR
Seabloom, R.N., Lynne – Oceanside Fire
Smith, Mitch – San Marcos Fire
Wells, R.N., Christine – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D., called the meeting to order at 11:08 a.m.

Dr. Madati announced that this would be his last BSPC meeting. A new chair will be voted on during the meeting.

II. APPROVAL OF MINUTES

A motion was made by Ian Reilly, M.D., to approve the minutes from July 17, 2012, seconded by Alexander Miller, M.D. Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Susan Smith, R.N. for Bruce Haynes, M.D.)

- A. Jim Dunford, M.D., of the City of San Diego received the CAL/ACEP EMS Achievement Award at the spring Scientific Assembly. CAL/ACEP is the California chapter of the American College of Emergency Physicians.
- B. An incident of photos being taken in a hospital had been reported, and the importance of privacy was reiterated to all attendees. No photographs of patients or identifying information should be taken.
- C. As the stroke system is being further developed, time-dependent decisions and questions about stroke care are being identified. Three key questions that have been pinpointed are 1) Exact time of onset of the stroke symptoms; 2) The last (waking) time the patient exhibited no stroke symptoms; 3) If there is a witness or companion who can answer specific questions encourage them to come to the hospital with the patient or be available by phone; this is very helpful to the receiving physicians.
- D. The flu vaccine is available, and recommended for all healthcare personnel. There is some confusion regarding whether the county's distribution of the H1N1 vaccine to agencies was an exception. This was an unusual occurrence. Agencies should go through their employee health providers for flu vaccines.
- E. The San Diego Emergency Care Summit (formerly the Overcrowding Summit) will be held on October 25, 2012. Registration information is available. The summit will feature a presentation by a physician from Joplin, Missouri, who will talk about their emergency department experience after tornadoes hit the town in 2011. It will also include a prehospital panel, pediatric and burn surge, narcotic prescribing, psychiatric holds, and licensing updates.
- F. A reminder was given that there is no psychiatric bypass category.
- G. Palomar Hospital moved into their new facility in August. The move went smoothly. Some services are still located at the old facility, including labor and delivery, urgent care, pediatrics, and behavioral health. The new ED will still accept these patients.

- H. The 2010 trauma report is available on the EMS website.
- I. The next statewide drill will take place on Thursday, November 15, 2012. It will be an earthquake scenario and will take place during the evening shift, from 7:00 to 11:00 p.m.
- J. Protocol review will begin in mid-October. Ms. Smith will be sending information out shortly.
- K. The Joint Commission has certified Primary Stroke Centers, and is developing Comprehensive Stroke Centers. These hospitals will have ability to perform some invasive procedures, and will have additional personnel requirements. The integration of these facilities will be part of the development of the stroke system under new state regulations. The regulations should be released shortly for pre-public comment, as should STEMI regulations.
- L. EMS for Children regulations were released, which would define four levels of receiving hospitals, and data collection and personnel requirements. Comments are due by October 2, 2012.
- M. During the week of September 10, iQCS went live. Base hospital coordinators and some MICNs have undergone training.
- N. The California Health Alert Network (CaHAN) underwent an update, so anyone using the system needs to change their CaHAN password.

IV. ELECTION OF CHAIR

Michele Grad, M.D., of Palomar Hospital had volunteered to take Dr. Madati's place as chair for BSPPC. The motion to appoint Dr. Grad was proposed to the group by Dr. Madati, and approved unanimously. Motion carried.

V. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

- A. On September 29, 2012, there will be a Disaster Preparedness Day expo at Sharp Spectrum from 9:00 a.m. to 1:00 p.m. There will be samples of heavy equipment, and there will also be an opportunity for the disposal of drugs and electronics.
- B. The aforementioned San Diego Emergency Care Summit (formerly the Overcrowding Summit) will take place on October 25, 2012 at Scripps La Jolla.
- C. Planning is on track for the November statewide exercise. The focus will be on pediatrics. The work group for the drill is encouraging all facilities to keep communication open with Amateur Radio Emergency Services (ARES), as they are important resource and will be utilized in the November exercise. During the exercise, it should also be noted that there will be a Hospital Available Beds for Emergencies and Disasters (HAvBED) drill, and counts of beds (including NICU beds) and ventilators will be required.

- D. Dr. Bill Linnik asked about an active shooter drill scheduled for January. With recent events around the country, he stated that there should be discussion of regular shooter drills. Ms. Rosenberg stated that there are a number of shooter trainings happening on the hospital level. Each hospital's security officer should be able to provide information about drills and trainings. Scripps La Jolla will be having a meeting in December with one of the trauma surgeons from the recent Colorado shooting, and information will be sent out regarding that. This will be discussed in January, after the active shooter drill at San Diego State University.

VI. BEACON UPDATE (Gary Vilke, M.D.)

Dr. Vilke was not at the meeting; there was no Beacon update.

VII. ROC (Dan Davis, M.D.) (*This item taken out of order*)

- A. The Amiodarone, Lidocaine or placebo study (ALPS) has had approximately two dozen subjects enrolled, but no results have been released yet. San Diego was an early participant in this study.
- B. There is a study on cardiac arrest and CPR currently taking place at other sites, comparing continuous compression CPR and standard American Heart Association CPR with interrupted chest compressions. Because San Diego already uses continuous compression CPR, we will not participate in this study.
- C. The Biomarker Lactate Assessment of Shock in Trauma (BLAST) study has been completed, and is in the data analysis phase.
- D. There are no current planned trauma studies, but there is an upcoming in-hospital study that will focus on platelet transfusion. This study will be run through the ROC infrastructure, but because San Diego's procedures are in line with the studies, there are no plans to participate.
- E. The next potential trauma study will use high-dose estrogen from traumatic brain injuries and traumatic shock. A pilot of this study was done in Dallas and was submitted for review to the FDA. This study would still be a year away, at least.

VIII. ITEMS FOR FUTURE DISCUSSION

- A. Lynne Seabloom, R.N., had previously requested time to do a presentation on North County. This has been rescheduled from September to October.
- B. A representative from Poison Control will present on updates regarding charcoal at a future meeting. They also may discuss carbon monoxide poisoning.
- C. The active shooter drill at SDSU will be discussed in January.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting is October 16, 2012 in the Sharp Boardroom. Adjournment was at 11:34 a.m.



County of San Diego

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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, October 16, 2012

Members Present

Dunford, M.D., Jim – City of San Diego EMS
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – County EMS
Kahn, M.D., Chris – UCSD
Klingensmith, Todd – S.D. Paramedic Association
Kramer, M.D., Mark – Sharp Memorial BHMD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander - NMCSD
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR/RCCP
Smith, D.O., Ryan – Tri-City Medical Center
Wang, M.D. Marcus – Scripps Mercy BHMD
Workman, R.N., Debi – Paramedic Training Programs

County Staff

Smith, R.N., Susan
Stepanski, Barbara

Recorder

Loginov, Clara

In Attendance

Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire

In Attendance (con'd)

Bourdon, R.N., Darlene – Scripps Mercy BHNC
Broyles, R.N., Linda – AMR/RCCP
Cavanaugh, Mary – Miramar Fire
Conover, William – Camp Pendleton Fire
Dotson, R.N., Melody – UCSD
Duffy, Jennifer – Escondido/San Marcos
Graydon, R.N., Cheryl – Palomar BHNC
Healy, R.N., Marla – Sharp Memorial
Howard, M.D., James – UCSD EMS Fellow
Howard, R.N., LuAnn – Scripps La Jolla
Hudnet, R.N., Carlen – Rural/Metro Ambulance
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Lozoya, Janice – NRSW Federal Fire
Magana, M.D., Julia – UCSD/Rady EMS Fellow
Ochs, R.N., Ginger – S.D. Fire Department
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.
Russo, R.N., Joe – Rural/Metro/CSA-17
Seabloom, R.N., Lynne – Oceanside Fire
Serra, M.D., John – UCSD
Sullivan, Don – AMR
Viora, Brian – National City Fire Department
Wells, R.N., Christine – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Michele Grad, M.D., called the meeting to order at 11:00 a.m.

Dr. Grad announced that Colleen Buono, M.D., would no longer be attending the BSPC & PAC meetings. Chris Kahn, M.D., will be taking her place as the Base Hospital Medical Director for UCSD Medical Center.

II. APPROVAL OF MINUTES

A motion was made by Ian Reilly, M.D., to approve the minutes from September 18, 2012, seconded by Ryan Smith, D.O. Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

- A. The Emergency Care Summit, formerly known as the Overcrowding Summit, is on October 25, 2012.
- B. The statewide disaster drill is scheduled for November 15, 2012, and will take place in the evening hours, from 7:00 to 11:00 p.m. It will be an earthquake scenario, and there will be a drill to evacuate neonatal intensive care unit patients.
- C. The Capacity Taskforce recently convened their annual fall meeting and made some changes to the capacity plan. These changes primarily had to do with the integration of skilled nursing facilities and changes in monitoring related to influenza.
- D. The importance of health care providers getting vaccinated against the flu was emphasized, as it is now flu season. In previous years, due to the H1N1 flu pandemic, the County was able to provide the vaccine for free, but that is not the case this year.
- E. Protocol review will be beginning shortly. Any input or suggestions can be submitted to County EMS. Some of the policies that will be looked at are fireline paramedic, infectious disease exposure, and trauma arrest policies. A pre-public comment draft of regulations for EMS for Children was due to the State recently. These regulations would categorize the level of care at hospitals, establish data collection instruments, and set personnel requirements. Paramedic regulations were also released for public comment.
- F. A letter regarding the use of personal cell phones in emergency departments was received by County EMS. There will be further communication on this topic in the future.
- G. The capacity report shows that volumes are up slightly as of late. In the months of July, August, and September 2012, there were over 15,000 ALS patients transported per month, which is an increase over the 12-month rolling average of 14,500. The number of patients whose requested hospitals were on bypass was also up slightly.

- H. Deaths related to prescription narcotics are up nationwide. There are different policies around the nation to combat this problem. EMOC had a meeting regarding this topic, and will make this a priority item.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

- A. The November 15, 2012 statewide drill is the current priority for the Healthcare Disaster Council. An NDMS bed count will be due before noon for all hospitals. This will include ventilators.
- B. The California Hospital Association is currently holding their annual conference, from October 15-17, 2012.
- C. The ShakeOut drill is scheduled for Thursday, October 18.
- D. Mary Cavanaugh reported that everything went smoothly with the Miramar Air Show this year. Attendance was approximately 120,000 each day. There were about 195 patients treated, but fewer than 10 were transported.

V. BEACON UPDATE (Gary Vilke, M.D.)

Dr. Vilke was not at the meeting; there was no Beacon update.

VI. ROC (Jim Dunford, M.D. for Dan Davis, M.D.)

- A. Over 25 patients have been successfully enrolled in the Amiodarone, Lidocaine or Placebo Study (ALPS).
- B. The Biomarker Lactate Assessment of Shock in Trauma (BLAST) study has been closed, and results from the analysis are forthcoming. The results should be released within three to six months.
- C. There are studies currently going on in other regions, including one comparing continuous chest compressions versus a ventilation ratio of 30:2. San Diego is not participating in this study.
- D. The next planned study will examine the use of estrogen for traumatic head injuries.

VII. PREHOSPITAL STUDY ON RADIO REPORTS (Lynne Seabloom, R.N., et al.)

- A. Lynne Seabloom, R.N., of Oceanside Fire; Linda Allington, R.N., of Carlsbad Fire; Marilyn Anderson, R.N., of Vista Fire; and Jenny Duffy of Escondido/San Marcos Fire collaborated on a study intended to reduce radio traffic countywide.
- B. The goals of this study were to compare rapid radio reports (which North County agencies were trained in prior to the study) to regular radio reports, and to free up radio time for necessary medical direction. A secondary goal was to find ways to limit short ETAs and communication problems.

- C. The S-415 radio report policy was used for this study, and a sample of this was distributed to the meeting attendees. A standardized training was provided for everyone who participated and the EMS coordinators used standardized data collection tools. The EMS coordinators listened to and timed radio calls, for a period of about a month. The calls studied represent all seven base hospitals, and over 20 transport agencies.
- D. The primary research question for this study was whether there was decreased time spent on the radio using the rapid radio report. Secondary questions included how often medical direction was given, how often MICNs asked for additional information and how often medics were put on hold. The null hypothesis on the primary research question was that there would be no difference in time between the reports.
- E. There were 303 calls studied, total, with 125 rapid radio report calls and 174 regular radio report calls. (Four calls were not applicable to the study.) The difference in talking time was 11 seconds greater for regular radio reports than rapid reports. When taking into consideration the entirety of the time for the report, the difference was one minute and 13 seconds more. The null hypothesis was rejected.
- F. The conclusions of the study were that using the rapid radio report reduced radio time overall, and there were no problems in acceptance of this report format among the MICNs. It was found that with standing orders, there was a limited need for medical direction—84% of the calls in the study required no medical direction. Information had to be repeated over the radio approximately 20% of the time.
- G. Dr. Haynes stated he would like to take this back to staff that oversee communications, and bring a progress report to a future meeting.

VIII. CITY OF SAN DIEGO EMS – MEDICAL DIRECTOR'S UPDATE (Jim Dunford, M.D.)

- A. From 2007 to 2011, City EMS has reduced the transport time to a trauma center for a gunshot or stabbing patient from 9.4 minutes to 7.7 minutes.
- B. Cardiac arrest survival rates in San Diego are on par with those in other counties that participate in the Cardiac Arrest Registry to Enhance Survival (CARES). The key element of cardiac arrest survival is time. It is yet to be determined whether ALPS can make a difference in survival rates, but these results are forthcoming.
- C. Data were presented showing that for STEMI patients, completion of 12-leads and transport to the ER in under 30 minutes occurred for 92% of patients. Dr. Dunford believes that the metric for STEMIs should measure the time of completion of a 12-lead to implementation of first device, rather than measuring door-to-device time.
- D. The first attempt success rate by advanced airway of choice was presented, showing that, since 2008, success rates for Combi-Tube or King Airway have been higher than those for endo-tracheal tubes.

- E. In July, a change was implemented in the use of midazolam, disallowing use for those who were belligerent from alcohol. Since the change was made, no negative results have been noted.
- F. Customer service satisfaction scores from those who used the 9-1-1 system remain high this year.
- G. The San Diego Union-Tribune published a five-part series on frequent users of San Diego's emergency room system. There has been increased tracking of so-called "superusers" of the system, including mapping of their locations. Project 25 is a collaboration between different agencies, including law enforcement, emergency medical personnel, and prisons, to identify the 25 homeless individuals who incur the largest percentage cost to these agencies. These individuals are provided 3-year housing vouchers and supportive services and pre and post cost analyses will be conducted.
- H. The San Diego Beacon is an important tool for communication in the treatment of chronic EMS users. Real-time patient surveillance of vulnerable patients will allow for treatment plans and pertinent information to be shared between hospitals and other agencies.
- I. Two hospitals in San Diego have expressed interest in becoming comprehensive stroke centers.

IX. ITEMS FOR FUTURE DISCUSSION

There were no items brought up for future discussion.

X. SET NEXT MEETING/ADJOURNMENT

The next meeting is scheduled for November 20, 2012 in the Sharp Spectrum Auditorium. The meeting was adjourned at 12:10 p.m.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

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DIRECTOR

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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, November 20, 2012

Members Present

Dunford, M.D., Jim – City of San Diego EMS
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – County EMS
Kahn, M.D., Chris – UCSD
Klingensmith, Todd – S.D. Paramedic Association
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander - NMCS
Reilly, M.D., Ian – Scripps La Jolla BHMD
Wang, M.D. Marcus – Scripps Mercy BHMD

County Staff

Smith, R.N., Susan

Recorder

Loginov, Clara

In Attendance

Aker, R.N., Donna Kelly – UCSD ROC
Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire
Bennett, Donald – USMC EMS/NHCP
Bourdon, R.N., Darlene – Scripps Mercy BHNC

In Attendance (con'd)

Cavanaugh, Mary – Miramar Fire
Clark, M.D., Rick – UCSD/Poison Control
Dotson, R.N., Melody – UCSD
Duffy, Jennifer – Escondido/San Marcos
Egleston, Clint – Southwestern College
Graydon, R.N., Cheryl – Palomar BHNC
Harley, M.D., Jim – Rady Children's Hospital
Healy, R.N., Marla – Sharp Memorial
Hitchcock, Kevin – Poway Fire Department
Howard, M.D., James – UCSD EMS Fellow
Hudnet, R.N., Carlen – Rural/Metro Ambulance
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Lemire, Harold – San Diego Fire Department
McCabe, R.N., Joshua – Sharp Memorial Hospital
Nichols, Dave – Federal Fire
Ninberg, R.N., Lori – Rady Children's Hospital
Ochs, R.N., Ginger – S.D. Fire Department
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.
Russo, R.N., Joe – Rural/Metro/CSA-17
Sapida, R.N., Juliet – UCSD
Seabloom, R.N., Lynne – Oceanside Fire
Sullivan, Don – AMR
Webb, Lynette – Rady Children's Hospital
Wells, R.N., Christine – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Michele Grad, M.D., called the meeting to order at 11:00 a.m. The attendees introduced themselves.

Joshua McCabe, R.N., who is the ED Manager at Sharp Memorial Hospital, was introduced by Linda Rosenberg, R.N.

Ian Reilly, M.D., announced that he would no longer be attending the BSPC and PAC meetings in 2013. Christopher Wiesner, M.D., will be taking his place on behalf of Scripps La Jolla.

II. APPROVAL OF MINUTES

A motion was made by Bill Linnik, M.D., to approve the minutes from October 16, 2012, seconded by Marcus Wang, M.D. Motion carried.

III. POISON CONTROL DISCUSSION (Richard Clark, M.D.) – *This item taken out of order*

- A. Richard Clark, M.D., of Poison Control and UCSD gave a brief background on the uses of activated charcoal.
- B. Most studies suggest that to be effective, charcoal should be administered within an hour of ingestion. It is often worth administering charcoal after an even longer period, however, especially in the case of sustained release drugs.
- C. Poison Control has been working out issues to make calling them more efficient and less time consuming. In the United States, Poison Control receives approximately 300,000 calls each year. It was suggested that less information be required of someone calling during an emergency situation, which Dr. Clark agreed would help with expediting these calls.
- D. Because there are four regional centers for Poison Control in California, there may sometimes be misunderstandings about San Diego County's use of Poison Control for administering treatments, such as charcoal.
- E. The primary risk of activated charcoal is aspiration, and because of this, altered mental status is a major contraindication of administering charcoal.
- F. The treatment for jellyfish stings was also briefly discussed. Vinegar is typically used for treatment, and is kept at most lifeguard stations, but Dr. Clark cited a review that shows effectiveness of vinegar depends on the type of jellyfish. Scraping away the jellyfish tentacles should be effective no matter the type of jellyfish, and using salt water to maintain pH minimizes pain. Heat may work for treating pain for some jellyfish stings. Topical anesthetics are also effective for pain.

- G. The use of continuous positive airway pressure (CPAP) for treating carbon monoxide poisoning was mentioned, and Dr. Clark did not know this to be a proven treatment, apart from oxygen, or one that had been studied to show having positive effects.

IV. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

- A. The Border Patrol is our first Advanced EMT (AEMT) provider, starting December 1, 2012. The AEMT scope of practice includes the administration of IVs and up to seven medications. They will use existing treatment protocols and follow them just to the point within their scope of practice. Given the isolated areas in which the Border Patrol operates, we believe this will provide earlier treatment for patients. This will begin on December 1, 2012.
- B. As we head into the flu/viral season the Capacity Plan has been reviewed. Some changes have been made in the surveillance and it should be distributed in the near future.
- C. There have been few cases of influenza in the community so far this season, and those cases have been sporadic, as shown through surveillance of emergency room visits and laboratory testing.
- D. It is important for healthcare workers to be vaccinated against the flu. EMS workers can easily transmit illnesses to patients when they are asymptomatic, and as their patients are often vulnerable groups, the need for vaccines is all the more crucial. The flu vaccine is still available for this season.
- E. The state is continuing to issue proposed regulations. EMS for children and paramedic regulations are now closed for comment, but STEMI system and stroke system regulations are still out. Stroke regulations include comprehensive stroke center information. Changes to the EMT regulations were just released.
- F. Hospira, a major medication manufacturer and supplier to field providers, renewed their license for morphine carpulets, but did not renew the license for intramuscular morphine, only intravenous. The medication has not changed, only the licensing. County EMS is investigating options. Different manufacturers have IV/IM available in vials, which can be used in the meantime.
- G. Policy S-415 for base reports was discussed at the last BSPPC meeting after a presentation on rapid radio reports. This will be discussed by County EMS and possible changes made based on the information gathered for the presentation.
- H. The Emergency Medical Oversight Commission (EMOC) has taken on the issue of opioid abuse and the unnecessary prescribing of opioids. They will be meeting again in February 2013 to discuss this topic.
- I. EMOC also discussed offload delays at their conference. County EMS will work with hospitals to see what can be done to monitor and document offload delays.

- J. Protocols are being updated for the new year, and the protocol committee has had two meetings thus far. They anticipate having one or two more meetings.
- K. Assembly Bill 1803, which applies the prudent layperson definition to patients in Medi-Cal fee-for-service programs, passed the California State Legislature. This will increase reimbursements to emergency physicians for services for these patients.

V. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

- A. The statewide disaster drill took place on November 15, and the debriefing for this will take place during their December meeting, and will include all hospitals that participated in the drill.

VI. BEACON UPDATE (Gary Vilke, M.D.)

Dr. Vilke was not at the meeting; there was no Beacon update.

VII. ROC (Jim Dunford, M.D. for Gary Vilke, M.D. & Dan Davis, M.D.)

- A. There was a recent biannual meeting for all Resuscitation Outcomes Consortium (ROC) members. Data from the Biomarker Lactate Assessment of Shock in Trauma (BLAST) study, which are being analyzed, was discussed.
- B. The only current study in San Diego is the Amiodarone, Lidocaine, or placebo study (ALPS), which is going well, but has required some extra training for personnel.
- C. San Diego may participate in an upcoming study looking at the effects of estrogen on traumatic brain injury.

VIII. OTHER BUSINESS

- A. The City of San Diego would like to implement the use of topical combat gauze. This type of gauze will be used by the Sheriff's Department, in addition to the San Diego Police Department. Because law enforcement will be adopting combat gauze as a first aid measure, it was suggested that emergency medical personnel be trained on its uses.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting is scheduled for January 15, 2013 in the Sharp Spectrum Auditorium. There is no meeting in December.

The meeting was adjourned at 11:52 p.m.